



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

Seq. # 2002155009

STATEMENT OF ORGANIZATION FOR CANDIDATE COMMITTEES

TYPE OR PRINT CLEARLY. AN AMENDMENT TO THIS FORM MUST BE FILED IF INFORMATION ON THE FORM CHANGES.
SEE INSTRUCTIONS ON REVERSE FOR UPDATING PROCEDURES.

1. Committee Identification No. <u>136775</u>	
2. Type of Filing a. <input type="checkbox"/> Original OR b. <input checked="" type="checkbox"/> Amendment to Item(s) # <u>3, 4d, 7, 8</u> c. Date Change(s) Took Place <u>5/14/02</u>	
3. Full Name Of Committee (must include candidate's first and last name) <u>TAXPAYERS FOR AARON STOWEN</u>	
4. Candidate Last Name <u>STOWEN</u>	First Name <u>AARON</u> M.I. <u>F.</u>
4a. County of Residence <u>MACOMB</u> 4b. Political Party (If applicable) <u>REPUBLICAN</u>	
4c. Office Sought: (Check one) <input type="checkbox"/> Governor <input type="checkbox"/> Lt. Governor <input type="checkbox"/> State Senator <input type="checkbox"/> State Representative <input type="checkbox"/> Secretary of State <input type="checkbox"/> State Board of Education <input type="checkbox"/> Bd of Regents UM <input type="checkbox"/> Bd of Trustees MSU <input type="checkbox"/> Bd of Gov WSU <input type="checkbox"/> Attorney General <input type="checkbox"/> Court of Appeals <input type="checkbox"/> District Court <input type="checkbox"/> Probate Court <input type="checkbox"/> Detroit Records Court <input type="checkbox"/> Supreme Court Justice <input type="checkbox"/> Circuit Court	
4d. District # or Jurisdiction <u>12</u> <input checked="" type="checkbox"/> Local or Other (Please Specify <u>MACOMB CO. BOARD OF COMMISSIONERS</u>)	
5. Date Committee Was Formed (Mo/Day/Yr)	6. Committee Area Code and Phone Number
7. Committee Mailing Address (May be P. O. Box) Include Zip Code <u>13470 S. SHORE #112</u> <u>STERLING Hgts, MI 48312</u>	7a. Committee Street Address (May <u>not</u> be P. O. Box) <u>SAME AS 7</u>
8. <u>Treasurer</u> . Name and Mailing Address of Committee Treasurer (Last Name, First Name, Middle Initial. Please Include Zip Code.) <u>AARON STOWEN</u> <u>Address same as item 7</u> Area Code and Phone <u>586-530-5257</u>	9. <u>Designated Record keeper</u> . Name and address of the person (other than the treasurer) who will be responsible for the committee's records and Campaign Statement filings. If committee treasurer will handle these responsibilities, leave this item blank. Area Code and Phone
10. <input checked="" type="checkbox"/> REPORTING WAIVER The committee does NOT expect to receive or expend in excess of \$1,000.00 in an election. The Reporting Waiver will be automatically lost if the committee exceeds the \$1,000 threshold. (Direct and in-kind contributions, expenditures and outstanding debt count against the \$1,000.00 Reporting Waiver threshold.) Funds left over from one election count toward the "amount received" for the next election. Please note: If a request for a Reporting Waiver is not received on or before the filing deadline of a required Campaign Statement, that Campaign Statement cannot be waived.	
11. Names and Addresses of depositories or intended depositories of committee funds. (Michigan Bank, Credit Union or Savings & Loan Association) 11a. Official Depository: <u>STANDARD FEDERAL BANK</u> <u>2405 Metropolitan Pkwy</u> 11b. Secondary Depository: <u>Sterling Hgts MI 48310</u>	12. This item applies only to a Gubernatorial Candidate Committee. <input type="checkbox"/> Check if this committee intends to seek qualifying contributions for public funding.
13. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement, and that the contents are true, accurate and complete to the best of my/our knowledge or belief.	
Current Treasurer <u>AARON F. STOWEN</u> Type or Print Name	<u>Aaron F. Stowen</u> Signature Date <u>5 23 2002</u> Mo. Day Year
Candidate <u>AARON F. STOWEN</u> Type or Print Name	<u>Aaron F. Stowen</u> Signature Date <u>5 23 2002</u> Mo. Day Year



**STATEMENT OF ORGANIZATION
FOR CANDIDATE COMMITTEES**

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FOR OFFICIAL USE ONLY

1. Committee Identification No. <u>00136775 50</u>	
2. Type of Filing a. <input type="checkbox"/> Original OR b. <input checked="" type="checkbox"/> Amendment to Item(s)# <u>10,3</u> c. Date Change(s) Took Place <u>1/31/01</u>	
3. Full Name Of Committee <u>TAYLOR FRIENDS OF AARON STOWELL</u>	
4. Candidate Last Name <u>STOWELL</u>	First Name <u>AARON</u> M.I.
4a. County of Residence <u>MACOMB</u>	4b. Political Party (If applicable) <u>REPUBLICAN</u>
4c. Driver License # (Optional)	
4d. Office Sought: (Check one)	
<input type="checkbox"/> Governor <input type="checkbox"/> Lt. Governor <input type="checkbox"/> State Senator <input type="checkbox"/> State Representative <input type="checkbox"/> Secretary of State <input type="checkbox"/> State Board of Education <input type="checkbox"/> Bd of Regents UM <input type="checkbox"/> Bd of Trustees MSU <input type="checkbox"/> Bd of Gov WSU <input type="checkbox"/> Attorney General <input type="checkbox"/> Court of Appeals <input type="checkbox"/> District Court <input type="checkbox"/> Probate Court <input type="checkbox"/> Detroit Recorders Court <input type="checkbox"/> Supreme Court Justice <input type="checkbox"/> Circuit Court	
<input checked="" type="checkbox"/> Local or Other (Please Specify) <u>CO. Commissioner</u> 4e. District # or Jurisdiction <u>#9</u>	
5. Date Committee Was Formed <u>5/17/00</u> (Mo/Day/Yr)	6. Committee Area Code and Phone Number <u>810-530-5257</u>
7. Committee Mailing Address (May be P. O. Box) Include Zip Code <u>4619 Bloomfield</u> <u>Stirling Hts, MI 48310</u>	7a. Committee Street Address (May not be P. O. Box) <u>SAME</u>
8. Treasurer. Name and Mailing Address of Committee Treasurer (Last Name, First Name, Middle Initial. Please Include Zip Code.) <u>AARON STOWELL</u> <u>4619 Bloomfield</u> <u>Stirling Hts MI 48310</u> Area Code and Phone Driver License # (Optional) <u>810-530-5257</u>	9. Designated Recordkeeper. Name and address of the person (other than the treasurer) who will be responsible for the committee's records and Campaign Statement filings. If committee treasurer will handle these responsibilities, leave this item blank. Area Code and Phone Driver License # (Optional)
10. <input checked="" type="checkbox"/> REPORTING WAIVER The committee does NOT expect to receive or expend in excess of \$1,000.00 in an election. The Reporting Waiver will be automatically lost if the committee exceeds the \$1,000 threshold. (Direct and in-kind contributions, expenditures and outstanding debt count against the \$1,000.00 Reporting Waiver threshold.) Funds left over from one election count toward the "amount received" for the next election. Please note: If a request for a Reporting Waiver is not received on or before the filing deadline of a required Campaign Statement, that Campaign Statement cannot be waived.	
11. Names and Addresses of depositories or intended depositories of committee funds. 11a. Official Depository: <u>STANDARD FEDERAL BANK STIRLING HTS, MI 48310</u> 11b. Secondary Depository:	12. This item applies only to a Gubernatorial Candidate Committee. <input type="checkbox"/> Check if this committee intends to seek qualifying contributions for public funding.
13. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement, and that the contents are true, accurate and complete to the best of my/our knowledge or belief.	
Current Treasurer <u>AARON STOWELL</u> Type or Print Name Signature <u>[Signature]</u>	Date <u>1/31/01</u> Mo. Day Year
Candidate <u>AARON STOWELL</u> Type or Print Name Signature <u>[Signature]</u>	Date <u>1/31/01</u> Mo. Day Year



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1. Committee Identification No. <u>00136775 50</u>	
2. Type of Filing a. <input type="checkbox"/> Original OR b. <input checked="" type="checkbox"/> Amendment to Item(s) # <u>8, 11a</u> c. Date Change(s) Took Place <u>7/21/00</u>	
3. Full Name Of Committee <u>TAXPAYERS FOR AARON STOWELL</u>	
4. Candidate Last Name <u>STOWELL</u>	First Name <u>AARON</u> M.I. _____
4a. County of Residence <u>MACOMB</u>	4b. Political Party (If applicable) <u>REPUBLICAN</u>
4c. Driver License # (Optional) _____	
4d. Office Sought: (Check one)	
<input type="checkbox"/> Governor <input type="checkbox"/> Lt. Governor <input type="checkbox"/> State Senator <input type="checkbox"/> State Representative <input type="checkbox"/> Secretary of State <input type="checkbox"/> State Board of Education <input type="checkbox"/> Bd of Regents UM <input type="checkbox"/> Bd of Trustees MSU <input type="checkbox"/> Bd of Gov WSU <input type="checkbox"/> Attorney General <input type="checkbox"/> Court of Appeals <input type="checkbox"/> District Court <input type="checkbox"/> Probate Court <input type="checkbox"/> Detroit Recorders Court <input type="checkbox"/> Supreme Court Justice <input type="checkbox"/> Circuit Court	
4e. District # or Jurisdiction <u>9</u>	<input checked="" type="checkbox"/> Local or Other (Please Specify) <u>County Commission</u>
5. Date Committee Was Formed <u>5/1/00</u> (Mo/Day/Yr)	6. Committee Area Code and Phone Number <u>810-530-5257</u>
7. Committee Mailing Address (May be P. O. Box) Include Zip Code <u>4619 BLOOMFIELD</u> <u>STERLING HEIGHTS MI 48310</u>	7a. Committee Street Address (May <u>not</u> be P. O. Box)
8. Treasurer. Name and Mailing Address of Committee Treasurer (Last Name, First Name, Middle Initial. Please include Zip Code.) <u>STOWELL, AARON F.</u> <u>4619 BLOOMFIELD</u> <u>STERLING HEIGHTS MI 48310</u> Area Code and Phone <u>810-979-6723</u> Driver License # (Optional) _____	9. Designated Recordkeeper. Name and address of the person (other than the treasurer) who will be responsible for the committee's records and Campaign Statement filings. If committee treasurer will handle these responsibilities, leave this item blank. Area Code and Phone _____ Driver License # (Optional) _____
10. <input type="checkbox"/> REPORTING WAIVER The committee does NOT expect to receive or expend in excess of \$1,000.00 in an election. The Reporting Waiver will be automatically lost if the committee exceeds the \$1,000 threshold. (Direct and in-kind contributions, expenditures and outstanding debt count against the \$1,000.00 Reporting Waiver threshold.) Funds left over from one election count toward the "amount received" for the next election. Please note: If a request for a Reporting Waiver is not received on or before the filing deadline of a required Campaign Statement, that Campaign Statement cannot be waived.	
11. Names and Addresses of depositories or intended depositories of committee funds. 11a. Official Depository: <u>STANDARD FEDERAL BANK</u> <u>36800 CHAN ROAD</u> <u>STERLING HEIGHTS, MI 48310</u> 11b. Secondary Depository: _____	12. This item applies only to a Gubernatorial Candidate Committee. <input type="checkbox"/> Check if this committee intends to seek qualifying contributions for public funding.
13. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement, and that the contents are true, accurate and complete to the best of my/our knowledge or belief.	
Current Treasurer <u>AARON STOWELL</u> Type or Print Name	Signature <u>Aaron Stowell</u> Date <u>7 21 00</u> Mo. Day Year
Candidate <u>AARON STOWELL</u> Type or Print Name	Signature <u>Aaron Stowell</u> Date <u>7 21 00</u> Mo. Day Year



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Reg # 20001300043

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1. Committee Identification No. <u>00136775-50</u>			
2. Type of Filing a. <input checked="" type="checkbox"/> Original OR b. <input type="checkbox"/> Amendment to Item(s)#		c. Date Change(s) Took Place <u>1</u> / <u>1</u>	
3. Full Name Of Committee <u>TAXPAYERS FOR AARON STOWELL</u>			
4. Candidate Last Name <u>STOWELL</u>		First Name <u>AARON</u> M.I. <u>F.</u>	
4a. County of Residence <u>MACOMB</u>		4b. Political Party (If applicable) <u>REPUBLICAN</u>	
4c. Driver License # (Optional) _____			
4d. Office Sought: (Check one)			
<input type="checkbox"/> Governor <input type="checkbox"/> Lt. Governor <input type="checkbox"/> State Senator <input type="checkbox"/> State Representative <input type="checkbox"/> Secretary of State <input type="checkbox"/> State Board of Education <input type="checkbox"/> Bd of Regents UM <input type="checkbox"/> Bd of Trustees MSU <input type="checkbox"/> Bd of Gov WSU <input type="checkbox"/> Attorney General <input type="checkbox"/> Court of Appeals <input type="checkbox"/> District Court <input type="checkbox"/> Probate Court <input type="checkbox"/> Detroit Records Court <input type="checkbox"/> Supreme Court Justice <input type="checkbox"/> Circuit Court			
4e. District # or Jurisdiction <u>9</u>		<input checked="" type="checkbox"/> Local or Other (Please Specify) <u>MACOMB COUNTY BOARD COMMISSIONER</u>	
5. Date Committee Was Formed <u>5/9/00</u> (Mo/Day/Yr)		6. Committee Area Code and Phone Number <u>810-979-6723</u>	
7. Committee Mailing Address (May be P. O. Box) Include Zip Code <u>4619 BLOOMFIELD</u> <u>STERLING HEIGHTS, MI 48310</u>		7a. Committee Street Address (May not be P. O. Box) <u>4619 BLOOMFIELD</u> <u>STERLING HEIGHTS, MI 48310</u>	
8. <u>Treasurer</u> . Name and Mailing Address of Committee Treasurer (Last Name, First Name, Middle Initial. Please include Zip Code.) <u>STOWELL, LAUREN K.</u> <u>4619 BLOOMFIELD</u> <u>STERLING HEIGHTS MI 48310</u> Area Code and Phone <u>810-823-3316</u> Driver License # (Optional) _____		9. <u>Designated Recordkeeper</u> . Name and address of the person (other than the treasurer) who will be responsible for the committee's records and Campaign Statement filings. If committee treasurer will handle these responsibilities, leave this item blank. Area Code and Phone _____ Driver License # (Optional) _____	
10. <input type="checkbox"/> REPORTING WAIVER The committee does NOT expect to receive or expend in excess of \$1,000.00 in an election. The Reporting Waiver will be automatically lost if the committee exceeds the \$1,000 threshold. (Direct and in-kind contributions, expenditures and outstanding debt count against the \$1,000.00 Reporting Waiver threshold.) Funds left over from one election count toward the "amount received" for the next election. Please note: If a request for a Reporting Waiver is not received on or before the filing deadline of a required Campaign Statement, that Campaign Statement cannot be waived.			
11. Names and Addresses of depositories or intended depositories of committee funds.		12. This item applies only to a Gubernatorial Candidate Committee.	
11a. Official Depository: <u>USA Federal Credit Union</u>		<input type="checkbox"/> Check if this committee intends to seek qualifying contributions for public funding.	
11b. Secondary Depository: <u>TROY, MI</u>			
13. Verification: I/we certify that all reasonable diligence was used in the preparation of the above statement, and that the contents are true, accurate and complete to the best of my/our knowledge or belief.			
Current Treasurer <u>LAUREN K. STOWELL</u> Type or Print Name		Signature <u>Lauren Howell</u> Date <u>5 9 00</u> Mo. Day Year	
Candidate <u>AARON F. STOWELL</u> Type or Print Name		Signature <u>Aaron F. Howell</u> Date <u>5 9 00</u> Mo. Day Year	